



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:
Filed:
Serial Number:
Title
Examiner:

Tisue, J. Gilbert
12/31/2003
10/748231
Accurate Positioner Suitable for Sequential Agile
Tuning of Pulse Burst and CW Lasers
Thomas Pham

November 4, 2004

REVOCATION OF POWER OF ATTORNEY AND ADDRESS CHANGE REQUEST

Commissioner of Patent and Trademarks
Washington D.C. 20231

Sir:

The undersigned inventor hereby revokes power-of-attorney on the above referenced application and requests a change in correspondence address. To that end, I have attached form SB/81. Since the form for fee address change is not applicable without a customer number, I hereby request the fee address change to the same address as well.

Respectfully submitted,

J. Gilbert Tisue
Applicant pro se
1329 Santa Cruz Dr.
Minden NV, 89423
775-267-2360

Certificate of Mailing

I hereby certify that that this correspondence will be deposited with the U S Postal Service by 1st class mail, postage prepaid, in an envelop addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the date below.

Date 11-4-04

Inventors Signature

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number 10/748231
 Filing Date 12/31/2003
 First Named Inventor J. Gilbert Tissue
 Title Accurate Positioner for CW Lasers
 Art Unit
 Examiner Name Thomas Pham
 Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	J. Gilbert Tissue		
Address	1329 Santa Cruz Dr.		
City	Minden	State	NV Zip 89423
Country	USA		
Telephone	775-267-2360	Fax	775-267-5760

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature	Date		11/04/2004
Name	J. Gilbert Tissue	Telephone	775-267-2360
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.